Date	Requested By	Description of Changes Made	Made By
8/26/2004		Increased the field sizes on the G1 Record:	MK McDaniel
		Ingredient Cost	
		Patient Paid Amount Submitted	
		Usual and Customary Charge	
		Gross Amount Due	
		Other Payer Paid Amount	
		From 9(4)v99 to 9(6)v99	
		and	
		Health Plan Claim Number from 14 to 20	
9/3/2004	Sean Stepp	Corrected the record position on "Number of Refills Authorized". Was 427-	MK McDaniel
		728, should be 427-428.	
9/10/2004	Mgmt	Add Prescribing Provider Qualifier to allow for either the DEA number or the	MK McDaniel
		AHCCCS ID number.	
10/1/2004		Added Valid Values to PA Type Code.	MK McDaniel
		Added Medicare note to:	
		Payer 2 ID:	
		If Other Payer is Medicare, Other Payer ID must be "MEDICARE".	
		Payer 3 ID:	
		If Other Payer is Medicare, Other Payer ID must be "MEDICARE".	

Change Date	<u>Field Name</u>	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	Segment Identifier	X(2)	1 – 2	Required	G1	701	"G1" = Detail Data Record
	Transaction Reference Number	X(10) 3 – 12		Required	Determined by provider	880-K5	Determined by the Provider Every 3C rec has a unique TRN Used for checkpointing
	Bin Number	9(6)	13 – 18	Required	BIN Number	101-A1	Card Issuer ID or Bank ID Number
	Version/Release Number	X(2)	19 – 20	Required	3C = RTDS Version 3.2	102-A2	3C = RTDS Version 3.2
	Transaction Code	9(2)	21 – 22	Required	01 – Billing 11- Reversal 31 - Replacement	103-A3	1 – Original Claim 6 - Adjustment 7 – Replacement 8 – Void
	Processor Control Number	X(10)	23 – 32	Required	Processor Control Number	104-A4	Number assigned by the processor
	Pharmacy Number Service Provider	X(12)	33 – 44	Required	AHCCCS Provider Id and Location Code NNNNNNLL	201-B1	The provider PIN must be submitted with two leading zeros to distinguish between Provider Number and Location code. For example, if the Medicaid PIN # is '123456.' And the location code is '01' it should be submitted as '0012345601.'
	Group Number Billing Provider	X(15)	45 – 59	Not Used		301-C1	AHCCCS Group PIN #. See Above
	Cardholder ID Number	X(18)	60 – 77	Required	AHCCCS Member ID	302-C2	Insurance ID assigned to the cardholder See AHCCCS ID field
	Person Code	X(3)	78 – 80	Not Used		303-C3	Code assigned to a specific person within a family
	Date of Birth		81 – 88	Required	Member Date of Birth	304-C4	
	Sex Code	9(1)	89 – 89	Required	1 – Male 2 – Female	305-C5	1 – Male 2 – Female
	Relationship Code	9(1)	90 – 90	Not Used		306-C6	

Object Delle	Pietal Messa	F:-1-1-0:			Francisco Value	IO Field	Olaina Value
Change Date	<u>Field Name</u>	Field Size	Record	Encounter	Encounter Value	IG Field	<u>Claim Value</u>
	Other Coverage Code	9(1)	<b>Position</b> 91 – 91	Usage Required	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected	308-C8	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected
	Date Filled	9(8)	92 – 99	Required	Dispense Date/Date of Service	401-D1	Format = 'CCYYMMDD' Identifies date the prescription was filled or professional service rendered
	Not Used	X(3)	100–102				Spaces
	Customer Location	9(2)	103 -104	Required	00 – Not specified 01 – Home 02 – Inter-Care 03 – Nursing Home 04 – Long Term/Extended Care 05 – Rest Home 06 – Boarding Home 07 – Skilled Care Facility 08 – Sub-Acute Care Facility 09 – Acute Care Facility 10 – Outpatient 11 – Hospice	307-C7	00 – Not specified 01 – Home 02 – Inter-Care 03 – Nursing Home 04 – Long Term/Extended Care 05 – Rest Home 06 – Boarding Home 07 – Skilled Care Facility 08 – Sub-Acute Care Facility 09 – Acute Care Facility 10 – Outpatient 11 – Hospice
	Not Used	X(3)	105 –107				Spaces
	Eligibility Clarification Code	9(1)	108 –108	Not Used		309-C9	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial
	Not Used	X(3)	109 –111				Spaces
	Patient First Name	X(12)	112-123	Not Used		310-CA	
	Not Used	X(3)	124-126				Spaces
	Patient Last Name	X(15)	127-141	Not Used		311-CA	
	Not Used	X(1)	142-142				Spaces
	Prescription Number	9(7)	143-149	Required	RX Number	402-D2	Reference number assigned by the provider for the dispensed drug/product and/or service provided

Modified 5.2 Filanniacy Detail Record									
Change Date	<u>Field Name</u>			Encounter	Encounter Value	IG Field	<u>Claim Value</u>		
	New / Refill Code	0(2)	<b>Position</b> 150-151	Usage Deguired	00 – Original	403-D3	00 – Original		
	New / Reilli Code	9(2)	150-151	Required	01-99 – Refill Number	403-03	01-99 – Refill Number		
	Metric Quantity	9(3).99	152-156	Not Used	01-99 – Kellii Nullibel	404-D4	Unit Quantity		
	Days Supply	9(3)	157-159	Required	Days Supply	404-D4 405-D5	Estimated number of days the		
	Бауз Сарріу	3(3)	107-100	required	Days Supply	400 D0	prescription will last		
	Compound Code	9(1)	160-160	Required	0 - Not Specified	406-D6	0 – Not Specified		
	Compound Codo	0(1)	100 100	rtoquilou	1 – Not a Compound	.00 20	1 – Not a Compound		
					2 – Compound		2 – Compound		
	NDC Number	9(11)	161-171	Required	NDC format:	407-D7	NDC format:		
					MMMMMDDDDPP		MMMMMDDDDPP		
					MMMMM – Manufacturer's		MMMMM – Manufacturer's Number		
					Number		DDDD – Drug ID		
					DDDD – Drug ID		PP – Package Size		
					PP – Package Size				
	Dispense as Written	X(1)	172-172	Required	0 - No Product Selection	408-D8	0 - No Product Selection Indicated		
					Indicated		1 – Substitution Not Allowed by		
					1 – Substitution Not Allowed by		Prescriber		
					Prescriber		2 – Substitution Allowed – Patient		
					2 - Substitution Allowed -		Requested Product Dispensed		
					Patient Requested Product		3 – Substitution Allowed – Pharmacist		
					Dispensed		Selected Product Dispensed		
					3 - Substitution Allowed -		4 – Substitution Allowed – Generic		
					Pharmacist Selected Product		Drug Not in Stock		
					Dispensed		5 – Substitution Allowed – Brand Drug		
					4 - Substitution Allowed -		Dispensed as a Generic		
					Generic Drug Not in Stock		6 – Override		
					5 – Substitution Allowed –		7 - Substitution Not Allowed - Brand		
					Brand Drug Dispensed as a		Drug Mandated by Law		
					Generic		8 – Substitution Allowed – Generic		
					6 – Override		Drug Not Available in Marketplace		
					7 – Substitution Not Allowed –		9 – Other		
					Brand Drug Mandated by Law				
					8 – Substitution Allowed –				
					Generic Drug Not Available in				
					Marketplace				
					9 – Other				
				1					

Position   Position   Position   Position   Position   Position   Position   Position   Pharmacy	<b>Change Date</b>	Field Name	Field Size	Record	Encounter	Encounter Value	IG Field	Claim Value
Ingredient Cost   Spaces   S	Ondrigo Dato	<u>r ioid itamo</u>	<u> </u>			<u> Lilosamoi valas</u>	<u>10 1 1010</u>	<u>Olaimi Varao</u>
Added new field  Prescriber ID  X(10)  Required  Prescriber ID  X(10)  AHCCCS Provider ID and Location Code OR DEA Number  AHCCCS Provider ID and Location Code OR DEA Number  Date Prescription  Written  Date Prescription  Written  Written  AHCCCS Provider ID and Location Code OR DEA Number  DEA Number  Format = 'CCYYMMDD'  Affactor Amount charged cash customers for the prescription acquisive of sales to or other amounts claimed  Not Used  X(3)  Z24-226  Level of Service  PA/MC Code & Number  Not Used  X(3)  Z29-231  Not Used  X(3)  Z29-231  Not Used  X(3)  Z29-231  Diagnosis Code  X(6)  X(7)  X(10)  AHCCCS Provider ID and Location Code OR DEA Number  Format = 'CCYYMMDD'  Amount charged cash customers for the prescription acquisive of sales to or other amounts claimed  Spaces  Alevel of Service  PA/MC Code & Number  Not Used  X(3)  Z29-223  Not Used  X(3)  X(4)  X(4)  X(5)  X(5)  X(5)  X(6)  X(7)  X(7)  X(7)  X(8)  X(8)  X(8)  X(9)  X(9)  X(10)  X(10	8/26/2004 added 2 bytes	Ingredient Cost	9(6).99				409-D9	Billed Amount
Prescriber ID X(10) 183-192 Required Location Code OR DEA Number DEA Number  Date Prescription 9(8) 193-200 Required Pormat = 'CCYYMMDD' 414-DE Pormat = 'CCYYMMDD' Written  8/26/2004 Usual & Customary added 2 bytes Charge Not Used X(3) 209-211 Situational, May Be Reported Not Used X(3) 224-226 Not Used Spaces  Level of Service 9(2) 227-228 Not Used 418-DI Code indicating prior authorization medical certification occurred Spaces  Not Used X(3) 229-231 Required When Known Not Used X(3) 238-240 Unit Dose Indicator 9(1) 241-241 Situational May be Reported When Known Spaces  Not Used X(3) 242-224 Situational May be Reported When Known Spaces  Unit Dose Indicator 9(1) 241-241 Situational May be Reported Spaces  Not Used X(3) 242-244 Spaces  Not Used X(3) 253-255 Required Amount of the other payment 431-DV Required when other coverage code added 2 bytes Spaces  Not Used X(3) 253-255 Required Amount of the other payment 431-DV Required when other coverage code added 2 bytes Spaces  Not Used X(3) 253-255 Required Amount of the other payment 431-DV Required when other coverage code added 2 bytes Spaces Required when other coverage code added 2 bytes Spaces Required when other coverage code added 2 bytes Spaces Required when other coverage code added 2 bytes Spaces Required when other coverage code added 2 bytes Spaces Required when other coverage code added 2 bytes Spaces Required when other coverage code 2 or 4 specific provider remains a space Spaces Required when other coverage code 2 or 4 specific provider remains a space Spaces Required when other coverage code 2 or 4 specific provider remains a space Space Spaces Required when other coverage code 2 or 4 specific provider remains a space Space Space Space Space Spaces Sp	9/10/2004 Added new field	<u> </u>	X(2)	181-182	Required		466-EZ	
Date Prescription Written    Date Prescription Written   9(8)   193-200   Required   Format = 'CCYYMMDD'   414-DE   Format = 'CCYYMMDD'		Prescriber ID	X(10)	183-192	Required	Location Code OR	411-DB	Code OR
May Be Reported  Not Used X(3) 209-211  PA/MC Code & Number 9(12) 212-223 Not Used  Not Used X(3) 224-226  Level of Service 9(2) 227-228 Not Used  Not Used X(3) 229-231  Not Used X(3) 229-231  Not Used X(6) 232-237 Required When Known  Not Used X(3) 238-240  Unit Dose Indicator 9(1) 241-241 Situational May be Reported When Known  Not Used X(3) 242-244  Not Used X(3) 242-244  Not Used X(3) 253-255  Not Used X(3) 253-255  Not Used X(3) 255-263 Required Amount of the other payment 431-DV  Required When Known 431-DV  Spaces  IcD-9 Diagnosis Code Value indicating prior authorization medical certification occurred spaces  IcD-9 Diagnosis Code IcD-9 Diagnosis Code Value IcD-9 Diagnosis Code IcD-9 Diagnosis Code  Value indicating prior authorization medical certification occurred Spaces  IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code  Value indicating prior authorization medical certification occurred Spaces  IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code  Value indicating prior authorization medical certification occurred Spaces  IcD-9 Diagnosis Code IcD-9 Diagno			9(8)	193-200	Required		414-DE	
May Be Reported  Not Used X(3) 209-211  PA/MC Code & Number 9(12) 212-223 Not Used  Not Used X(3) 224-226  Level of Service 9(2) 227-228 Not Used  Not Used X(3) 229-231  Not Used X(3) 229-231  Not Used X(6) 232-237 Required When Known  Not Used X(3) 238-240  Unit Dose Indicator 9(1) 241-241 Situational May be Reported When Known  Not Used X(3) 242-244  Not Used X(3) 242-244  Not Used X(3) 253-255  Not Used X(3) 253-255  Not Used X(3) 255-263 Required Amount of the other payment 431-DV  Required When Known 431-DV  Spaces  IcD-9 Diagnosis Code Value indicating prior authorization medical certification occurred spaces  IcD-9 Diagnosis Code IcD-9 Diagnosis Code Value IcD-9 Diagnosis Code IcD-9 Diagnosis Code  Value indicating prior authorization medical certification occurred Spaces  IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code  Value indicating prior authorization medical certification occurred Spaces  IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code IcD-9 Diagnosis Code  Value indicating prior authorization medical certification occurred Spaces  IcD-9 Diagnosis Code IcD-9 Diagno	8/26/2004		9(6).99	201-208	Situational,		426-DQ	Amount charged cash customers for
PA/MC Code & Number 9(12) 212-223 Not Used 416-DG Value indicating prior authorization medical certification occurred Spaces  Level of Service 9(2) 227-228 Not Used 5spaces  Level of Service 9(2) 227-228 Not Used 418-DI Code indicating the type of service to provider rendered Spaces  Not Used X(3) 229-231 Spaces  Diagnosis Code X(6) 232-237 Required When Known Not Used Spaces  Not Used X(3) 238-240 Spaces  Unit Dose Indicator 9(1) 241-241 Situational May be Reported  Not Used X(3) 242-244 Sequired May be Reported  Not Used X(3) 242-244 Sequired May be Reported  Not Used X(3) 242-244 Sequired Billed Amount 430-DU Health Plan Paid Amount  Not Used X(3) 253-255 Spaces  Not Used X(3) 253-255 Required Amount of the other payment 431-DV Required when other coverage code 2 or 4	added 2 bytes	Charge						the prescription exclusive of sales tax
Not Used X(3) 224-226 Spaces Level of Service 9(2) 227-228 Not Used Spaces Level of Service 9(2) 227-228 Not Used Spaces  Not Used X(3) 229-231 Code indicating the type of service to provider rendered Spaces  Diagnosis Code X(6) 232-237 Required When Known ICD-9 Diagnosis Code 424-DO ICD-9 Diagnosis Code  Not Used X(3) 238-240 Spaces Unit Dose Indicator 9(1) 241-241 Situational May be Reported  Not Used X(3) 242-244 Spaces  Not Used X(3) 253-255 Spaces  Required Amount of the other payment 431-DV Required when other coverage code 2 or 4		Not Used	X(3)	209-211				
Level of Service 9(2) 227-228 Not Used 418-DI Code indicating the type of service in provider rendered Spaces  Not Used X(3) 229-231 Required When Known ICD-9 Diagnosis Code Vhen Known ICD-9		PA/MC Code & Number	9(12)	212-223	Not Used		416-DG	Value indicating prior authorization or medical certification occurred
Not Used X(3) 229-231 Required When Known ICD-9 Diagnosis Code Unit Dose Indicator 9(1) 241-241 Situational May be Reported Gross Amount Due 9(6).99 245-252 Required Billed Amount 430-DU Health Plan Paid Amount May De Required Month of the other payment A31-DV Required When Code and Code Spaces		Not Used	X(3)	224-226				Spaces
Diagnosis Code  X(6)  Z32-237  Required When Known  ICD-9 Diagnosis Code  424-DO  ICD-9 Diagnosis Code  Vhen Known  Not Used  Unit Dose Indicator  Y(3)  Z41-241  X(3)  Z41-241  X(3)  X(3		Level of Service	9(2)	227-228	Not Used		418-DI	Code indicating the type of service the provider rendered
When Known  Not Used  V(3)  V(3)  V(3)  V(3)  V(3)  V(3)  V(3)  V(3)  V(4)  V(3)  V(4)  V(3)  V(4)  V(3)  V(4)  V(4)  V(4)  V(4)  V(5)  V(5)  V(7)  V(7)  V(8)  V(8)  V(8)  V(9)  V(1)  V(1)  V(1)  V(1)  V(1)  V(1)  V(2)  V(3)  V(3)  V(3)  V(3)  V(3)  V(4)  V(4)  V(3)  V(4)  V(		Not Used	X(3)	229-231				Spaces
Unit Dose Indicator  9(1)  241-241  Situational  May be Reported  Not Used  Spaces  8/26/2004 added 2 bytes  Not Used  X(3)  242-244  Required  Spaces  Spaces		Diagnosis Code	X(6)	232-237		ŭ	424-DO	ICD-9 Diagnosis Code
Unit Dose Indicator  9(1)  241-241  Situational  May be Reported  Not Used  Spaces  8/26/2004 added 2 bytes  Not Used  X(3)  242-244  Required  Spaces  Spaces		Not Used	X(3)	238-240				Spaces
8/26/2004 added 2 bytes Gross Amount Due 9(6).99 245-252 Required Billed Amount 430-DU Health Plan Paid Amount Spaces  Not Used X(3) 253-255 Spaces  8/26/2004 added 2 bytes Other Payer Amount 9(6).99 256-263 Required Amount of the other payment 431-DV Required when other coverage code 2 or 4					May be		429-DT	Code indicating the type of unit dose
Added 2 bytes  Not Used  X(3)  253-255  Spaces  8/26/2004  Added 2 bytes  Not Used  X(3)  253-255  Required  Amount of the other payment  431-DV  Required when other coverage code 2 or 4		Not Used	X(3)	242-244				Spaces
8/26/2004 Other Payer Amount 9(6).99 256-263 Required Amount of the other payment 431-DV Required when other coverage code added 2 bytes	8/26/2004 added 2 bytes	Gross Amount Due	9(6).99	245-252	Required	Billed Amount	430-DU	Health Plan Paid Amount
8/26/2004 Other Payer Amount 9(6).99 256-263 Required Amount of the other payment 431-DV Required when other coverage code added 2 bytes		Not Used	X(3)	253-255				Spaces
Not Used X(3) 264-266 Spaces	8/26/2004 added 2 bytes	Other Payer Amount			Required	Amount of the other payment	431-DV	Required when other coverage code is
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Not Used	X(3)	264-266				Spaces

Change Date	Field Name	Field Size		Encounter	Encounter Value	IG Field	Claim Value
Change Date	<u>rieid Name</u>	<u>Field Size</u>	Position	Usage	<u>Encounter value</u>	<u>iG Field</u>	<u>Claim value</u>
8/26/2004	Patient Paid Amount	9(6).99	267-274	Required	Amount the pharmacy actually	433-DX	Amount the pharmacy received from
added 2 bytes	T dilone i did / imodine	0(0).00	207 27 1	rtoquirou	collected from the	100 57	the patient for the prescription
aaaaa 2 2) (00					member/person picking up the		dispensed
					drug		disponess
	Not Used	X(3)	275-277		3.03		Spaces
	Incentive Amount		278-283	Not Used		438-E3	Amount represents a fee that is
	Submitted						submitted by the pharmacy for
							contractually agree upon services. This
							amount is included in the Gross
							Amount Due
	Not Used	X(3)	284-286				Spaces
	DUR Conflict code	X(2)	287-288	Not Used		439-E4	Code identifying the type of utilization
							conflict detected or the reason for the
							pharmacist's professional service
	Not Used	X(3)	289-291				Spaces
	DUR Intervention Code	X(2)	292-293	Not Used		440-E5	Code identifying pharmacist
		(/					intervention when a conflict code has
							been identified or service has been
							rendered
	Not Used	X(3)	294-296				Spaces
	DUR Outcome Code	X(2)	297-298	Not Used		441-E6	Action taken by a pharmacist in
							response to a conflict of the result of a
							pharmacist's professional service
	Not Used	X(3)	299-301				Spaces
	Metric Decimal Quantity	9(5).999	302-309	Required	Quantity Dispensed	442-E7	Quantity dispensed expressed in metric
							decimal units
	Not Used		310-312				Spaces
	Primary Payer Denial	9(8)	313-320	Situational	Format = 'CCYYMMDD'	443-E8	The payment or denial date of the claim
	Date			May Be			submitted to the other payer
				Reported			
							Format = 'CCYYMMDD'
	AHCCCS – ID	X(9)	321-329	Not Used	See Cardholder ID	N/A	AHCCCS Recipient ID #
	Not Used	X(1)	330-330	Don't	Original WALLOOGON ODAL	N1/A	Original WALIOOOON
	Resubmission	X(14)	331-344	Required	Original "AHCCCS" CRN	N/A	Original "AHCCCS" claim number
	Reference Number			When Field	N 1 130/1 / 11 /		
				'103-A3'	Needed When (adjustments no		Needed if adjustments, replacements
					longer permitted) Replacements		or voids are submitted.
				or '31'	or Voids are Submitted.		

<b>Change Date</b>	Field Name	Field Size	Record	Encounter	Encounter Value	IG Field	Claim Value
<u> </u>	<u></u>	1.1010. 0.20	Position	Usage		10.1.0.0	<u></u>
	PBM-Unique-Key	X(20)	345-364	Not Used		N/A	RX Number
	, ,	` ,					
							FFS receives a formatted field from
							РВМ.
							CCYYMMDD-RXNUM
							Encounters should submit a RX
							Number.
	Tribe Id	X(6)	365-370	Not Used		N/A	Used to identify TRBHA Claims.
	Pregnancy Indicator		371-371		Blank - Not Specified	335-2C	Blank - Not Specified
		, ,		•	1 – Not pregnant		1 – Not pregnant
					2 – Pregnant		2 – Pregnant
	Other Procedure Code	X(19)	372-390	Required		407-D7	Any code other than a NDC code
				When Known			
	N.A. 1161 A	)//O)	000 000			450 ED	
	Modifier 1	X(2)	389-392	Required		459-ER	
				When Known			
	Modifier 2	X(2)	393-394	Required		459-ER	
				When Known			
	Modifier 3	X(2)	395-396	Required		459-ER	
	Widamor o	/(_/	000 000	When Known		100 211	
	Modifier 4	X(2)	397-398	Required		459-ER	
				When Known			
	Diagnosis Code 2	X(15)	399-413	Required		424-DO	
				When Known			
	Diagnosis Code 3	X(15)	414-428	Required		424-DO	
				When Known			
	Number of Refills	9(2)	429-430	Required	Value 00 - 99	415-DF	Number of refills authorized by the
	Authorized	/					prescriber
						<u> </u>	Value 00 - 99

<b>Change Date</b>	Field Name	Field Size	Record	Encounter	Encounter Value	IC Field	Claim Value
Change Date	<u>i leid Name</u>	riciu italiie		Usage <u>Encounter Value</u>		IG Field	<u>Claiiii Value</u>
8/26/04 Changed from 14 to 20	Health Plan Claim Number	X(20)	<b>Position</b> 431-450	Required	Internal Health Plan Claim Tracking Number	601-68	Identifies the assigned claim number
	Unit of Measure	X(2)	451-452	Required	EA = Each GM = Grams ML = Milliliters	600-28	EA = Each GM = Grams ML = Milliliters
	Cardholder First Name	X(12)	453-464	Required		312-CC	
	Cardholder Last Name	X(15)	465-479	Required		313-CD	
10/01/2004	PA Type Code	X(2)	480-481		Data used to bypass medical	461-EU	
Added Valid Values	PA Number Submitted	May Be Reported  Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption		462-EV			
				May Be			
	Dispense Fee Submitted by Pharmacy	9(6).99	494-501	Reported Required		412-DC	
	Smoker/Non Smoker Code	9(1)	502-502	Situational  May be Reported	Blank – Not Specified 1 – Non Smoker 2 – Smoker	334-1C	Blank – Not Specified 1 – Non Smoker 2 – Smoker
	Payer 1 Coverage Type	X(2)	503-504	Required	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary	338-5C	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary
	Payer 1 Id	X (10)	505-514	Required	6 byte Health Plan ID + 3 byte TSN	340-7C	

Change Data	ota Field Name Field Circ Record Fraguetas Fraguetas Value 10 Field Octiv Value										
Change Date	<u>Field Name</u>	Field Size	Record	Encounter	Encounter Value	IG Field	<u>Claim Value</u>				
	Dayor 1 Allawad Amayınt	0(6) 00	Position	Usage Deguired	Allowed Amount	424 DV					
	Payer 1 Allowed Amount	9(6).99	515-522	Required	Allowed Amount	431-DV					
	Payer 1 Paid Amount	9(6).99	523-530	Required	Paid Amount (Health Plan Paid Amount)	431-DV					
	Payer 1 Dispense Fee Paid	9(6).99	531-538	Required	Dispensing Fee Paid	431-DV					
	Payer 1 Ingredient Cost Paid	9(6).99	539-546	Required	Ingredient Cost Paid	431-DV					
	Payer 1CoPay	9(6).99	547-554	Required	CoPay	431-DV					
	Payer 1Deductible	9(6).99	555-562	Required	Deductible	431-DV					
	Payer 1 Coinsurance	9(6).99	563-570	Required	Coinsurance	431-DV					
	Payer 2 Coverage Type	X(2)	571-572	When Other	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary	338-5C	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary				
10/01/2004 Added Medicare Note	Payer 2 ld	X (10)	573-582	Required When Other Coverage Exists	Other payer ID  If other payer is Medicare, Other Payer ID Must be "MEDICARE".	340-7C					
	Payer 2 Allowed Amount	9(6).99	583-590	Required When Other Coverage Exists	Allowed Amount	431-DV					
	Payer 2 Paid Amount	9(6).99	591-598	Required When Other Coverage Exists	Paid Amount	431-DV					
	Payer 2 Dispense Fee	9(6).99	599-606	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV					
	Payer 2 Ingredient Cost Paid	9(6).99	607-614	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV					

<b>Change Date</b>	Field Name	Field Size	Record	Encounter	Encounter Value	IG Field	Claim Value
Onlange Date	<u>r ioid ivallio</u>	I ICIG OILC	Position	Usage	<u> Enodunter varae</u>	<u>IO I ICIO</u>	<u>Olami Valuo</u>
	Payer 2 CoPay	9(6).99	615-622	Required When Other Coverage Exists	CoPay	431-DV	
	Payer 2 Deductible	9(6).99	623-630	Required When Other Coverage Exists	Deductible	431-DV	
	Payer 2 Coinsurance	9(6).99	631-638	Required When Other Coverage Exists	Coinsurance	431-DV	
	Payer 3 Coverage Type	X(2)	639-640	When Other	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary	338-5C	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary
10/01/2004 Added Medicare Note	Payer 3 ID	X (10)	641-650	Required When Other Coverage Exists	Other payer ID  If other payer is Medicare, Other Payer ID Must be "MEDICARE".	340-7C	
	Payer 3 Allowed Amount	9(6).99	651-658	Required When Other Coverage Exists	Allowed Amount	431-DV	
	Payer 3 Paid Amount	9(6).99	659-666	Required When Other Coverage Exists	Paid Amount	431-DV	
	Payer 3 Dispense Fee Paid	, ,	667-674	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV	
	Payer 3 Ingredient Cost Paid	9(6).99		Required When Other Coverage Exists	Ingredient Cost Paid	431-DV	
	Payer 3 CoPay	9(6).99	683-690	Required When Other Coverage Exists	CoPay	431-DV	

Last Revised: 10/01/2004

## **Modified 3.2 Pharmacy Detail Record**

G1 Record

Change Date	<u>Field Name</u>	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	Payer 3 Deductible	9(6).99	691-698	Required When Other Coverage Exists	Deductible	431-DV	
	Payer 3 Coinsurance	9(6).99	699-706	Required When Other Coverage Exists	Coinsurance	431-DV	
	Not Used	294	707-1000				Spaces

Field Name	Field Size	Record Position	Value	Encounter/Cl aims Usage	Encounter Value	Field ID	Claims Value
Segment Identifier	X(2)	1-2	00=File Control	Required	00	701	00
Transmission Type	X(1)	3-3	T=Transaction R=Response E=Error	Required	Т	880-K6	Т
Sender ID	X(24)	4-27	Defined by processor	Required	Consists of 3 byte acronym assigned by AHCCCS followed by submitter's tax ID	880-K1	SUBMITTER ID For FFS Claims submit this number with one leading zero. Example: If the submitter ID is '12345,' it should appear in this record as '012345'.
Batch Number	9(5)	28-32	Assigned by sender and matches trailer	Required	Must be unique for each transmission	806-5C	Matches trailer used for the "Submission No Batch Number." Must be unique for each transmission.
Creation Date	9(8)	33-40	Format=CCYYMMDD	Required	CCYYMMDD	880-K2	CCYYMMDD
Creation Time	9(4)	41-44	Format=HHMM	Required	HHMM	880-K3	ННММ
File Type	X(1)	45-45	P=Production T=Test	Required	P or T	702	P or T
Version/Release Number	X(2)	46-47	Header version=10	Required	10	102-A2	10
Not Used	X(953)	48-1000					

Field Name	Field Size		Value		<b>Encounter Value</b>	Field ID	Claims Value
		Position		m Usage			
Segment Identifier	X(2)	1-2	99= File Trailer	Required	99	701	99
Batch Number	9(5)	3-7	Assigned by sender and	Required	Must be unique for	806-5C	Must match Header. Must be
	, ,		matches header		each transmission		unique for each transmission
Record Count	9(10)	8-17		Required for		751	Required
				Balancing			
Total Gross Billed	9(7).99	18-26	Sum of Gross Amount	Required for		430-DU	Required
Amount			Due from the G1	Balancing			
			Records				
Message	X(974)	27-1000		Not used		504-F4	Not used